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<div>0010/PTO Rev. 6/95</div> <div>U.S. Department of Commerce Patent and Trademark Office</div> <div>MAY 17 2002</div> <div>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div><input type="checkbox"/> Declaration Submitted with Initial Filing    OR    <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div>	Attorney Docket Number	310265.90236
	First Named Inventor	Carl Dvorak
	COMPLETE IF KNOWN	
	Application Number	10/052,659
	Filing Date	01/18/2002
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## HEALTHCARE INFORMATION SYSTEM WITH CLINICAL INFORMATION EXCHANGE

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/18/2002 as United States Application Number or PCT International

Application Number 10/052,659 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.


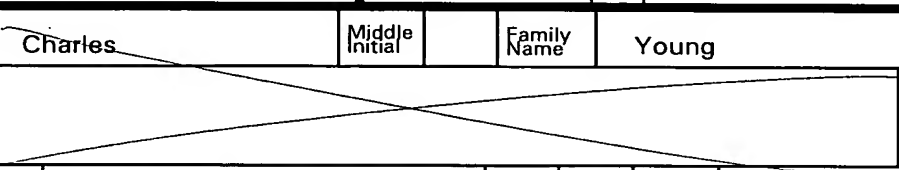
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\323059

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DECLARATION						Page 2	
<p>I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</p>							
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto							
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:</p>							
<input type="checkbox"/> Firm Name OR <input type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below		Quarles & Brady LLP				Customer Number or label <span style="border: 1px solid black; padding: 2px;">26734</span>	
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto							
Please direct all correspondence to <input type="checkbox"/> Customer Number or label				OR <input checked="" type="checkbox"/> Fill in correspondence address below			
Name		Nicholas J. Seay					
Address		Quarles & Brady LLP					
Address		P O Box 2113					
City		Madison			State	WI	
Country		USA		Telephone	(608)251-5000		Fax
						(608)251-9166	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>							
Name of Sole or First Inventor:				A petition has been filed for this unsigned inventor			
Given		Carl		Middle			Family
						Dvorak	
Inventor's Signature							Date
							4.5.02
Residence:		Madison			State	WI	
					Country	US	
Post Office		9113 Aspen Grove Ln					
Post Office							
City		Madison		State	WI		Zip
						53717	
Country		US		Applicant Authority			
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given	Khang				Middle		Family	Seow			Suffix			
Inventor's										Date	4/5/02			
Residence:	Madison				State	WI	Country	US		Citizenship	US			
Post Office	2781 Rosellen Avenue													
Post Office														
City	Madison				State	WI	Zip	53711		Country	US		Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given	Charles				Middle Initial		Family Name	Young			Suffix			
Inventor's										Date				
Residence:	Palo Alto				State	CA	Country	US		Citizenship	US			
Post Office	4162 Crosby Place													
Post Office														
City	Palo Alto				State	CA	Zip	94306		Country	US		Applicant Authority	
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Given					Middle		Family				Suffix			
Inventor's										Date				
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## DECLARATION

Page 2

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U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name	Quarles & Brady LLP	Customer Number or label	26734
<input type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

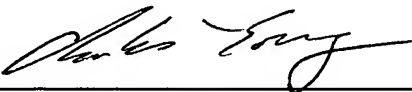
Please direct all correspondence to	<input type="checkbox"/> Customer Number or label	OR	<input checked="" type="checkbox"/> Fill in correspondence address below
-------------------------------------	---	----	--

Name	Nicholas J. Seay		
Address	Quarles & Brady LLP		
Address	P O Box 2113		
City	Madison	State	WI
Zip	53701-2113		
Country	USA	Telephone	(608)251-5000
Fax	(608)251-9166		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:				A petition has been filed for this unsigned inventor	
Given	Carl	Middle		Family	Dvorak
Suffix					
Inventor's Signature					Date
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Citizenship	US				
Post Office	9113 Aspen Grove Ln				
Post Office					
City	Madison	State	WI	Zip	53717
Country	US				Applicant Authority
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